U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P1286-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

E

Name and address of person filing.     Name Scott T. Ford	
Name Scott T. Ford	4. Name, file number, and address of labor organization.
	Name Teamsters Local Union No. 435
	Labor Organization File Number 002-409
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3033 E. 148th Place	Street 10 Lakeside Lane, Suite 3A
City Thornton	City Denver
State CO ZIP Code + 4 80602	State CO ZIP Code + 4 80212
5. Position in labor organization.  Business Agent	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
Name and address of Employer (including trade name, if any).	T.a. (Value of linerest, Transaction, of moonto.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bidg., Room No., if any	7,b. Amount.
P.O. Box, Bldg., Room No., if any Street	7.b. Amount.
	7.b. Amount.
Street	7.b. Amount.

8-15-05

Date

303-458-1600

Telephone Number

cettom Ford	File Number U-
	cottoT. Ford

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	·	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	

Name and address of Employer or Labor Relations Consultant (including trade name, if any).			14.a. Nature of payment.	
Name United Parcel Service			Dinner	
Trade N	lame, if any:	•		
P.O. Bo	x, Bldg., Room No., if any	•		
Street	5020 Ivy Street			
City	Commerce City			
State	СО	ZIP Code + 4 80022		
13.b. ls	the Business an Employer	or Consultant ?	14.b. Amount of payment. \$75.00	

## Teamsters Local Union No. 435

## Affiliated With International Brotherhood of Teamsters Teamsters Joint Council No. 3

10 Lakeside Lane, Suite 3A Denver, Colorado 80212 Phone 303-458-1600 / Fax 303-480-1015 Website: <u>www.Teamsterslocal435.org</u>

Steven Vairma
Secretary-Treasurer

James Adams
President

*David Ring* Vice President

David Determann
Recording Secretary

John Holzwarth
Trustee

Doug Brees Trustee

Jeffrey Isenhart
Trustee

Ronald Cash
Business Agent

Scott Ford Business Agent

Alan Frisbee Business Agent

Carlos Rojas Business Agent/ Organizer

Gary Stugart
Business Agent

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter, which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature

Date



